

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UD	68972	7/16/98
O.I.P.E. CLASSIFIER		68904	7/14/98
FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	7/16/98
2	✓	✓	7/16/98
3	✓	✓	7/16/98
4	✓	✓	7/16/98
5	✓	✓	7/16/98
6	✓	✓	7/16/98
7	✓	✓	7/16/98
8	✓	✓	7/16/98
9	✓	✓	7/16/98
10	✓	✓	7/16/98
11	✓	✓	7/16/98
12	✓	✓	7/16/98
13	✓	✓	7/16/98
14	✓	✓	7/16/98
15	✓	✓	7/16/98
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47	✓	✓	7/16/98
48	✓	✓	7/16/98
49	✓	✓	7/16/98
50	✓	✓	7/16/98

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY If more than 150 claims or 10 actions  
 staple additional sheet here

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